## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 14, 2006 08:00 AN Secretary of State DOCUMENT # P02000127495 1. Entity Name FLORIDA DIAMOND PROPERTIES INC. Principal Place of Business Mailing Address 14006 ISLAMORADA DR 14006 ISLAMORADA DR ORLANDO, FL 32837 ORLANDO, FL 32837 CR2E034 (11/05) 04052006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 55-0807797 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORALES, JULIO M DO NOT WRITE 14006 ISLAMORADA DR ORLANDO, FL 32837 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MORALES, JULIO M NAME 14006 ISLAMORADA DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 TITLE MORALES, RUTH N NAME 14006 ISLAMORADA DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR